REGISTERED SERVICE REPRESENTATIVE APPLICATION

ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES
4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844
Outside Phy Metro: 1,800,377,6675

Outside Phx Metro: 1-800-277-6675 www.weights.az.gov

FAX: 602-255-1950

PLEASE PRINT

LICENSE FEE = \$4.80

APPLICANT:					
EMPLOYED BY:				RSA #:	
BUSINESS NAME:			PHONE:	FAX:	
BUSINESS ADDRESS:			CITY:	ZIP:	
please indicate	nin the past year as a Registered Service e the name of your previous employer:				
Has your license ever bee Type of devices you will in		YES SCALES: CAPACITY:	METERS-TYPE:	FUEL DISPENSERS:	
I further certify that I will ope APPLICANT:	edge of the applicable law, specifically ARS erate as an RSR with all appropriate legal received as a specifically ARS erate as an RSR with all appropriate legal received as the specifical to the specifical specifical to the specifical specif	quirements and that I may only use standa	ards that have been certified within the	past 12 months.	
RSA SIGNATURE:		DATE:			
APPLICATION QUESTIONS	S?: contact Dave Turner 623-463-9938				
				DEPT USE: Test Date: Score:	